Review of posterior urethral valve in UCH Ibadan

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Introduction: Posterior urethral valve is a well recognized cause of obstructive uropathy in infancy and childhood with long term implication on renal function in later life. It is commonly diagnosed in utero and immediately after birth.

Objectives: To describe the clinical presentation, treatment, and eventual outcome of patients with posterior urethral valves to our service.

Methods: A retrospective analysis of patients with posterior urethral valve over a period between 2006 and 2013 was done. Case notes were retrieved and data on patients age, clinical and radiological features, treatment modality, outcome, duration of follow up and condition as at last follow up were extracted.

Results: Forty patients were managed during this period and 31 (77.5%) patients had available data. No patient was identified pre-natally. The median age at presentation was 5 years 7 months (range 2 weeks-25 years). Twenty-three patients (92%) had back pressure changes on ultrasound. MCUG was confirmatory in all the patients. Twenty patients (64.5%) had Mohan's valvotomy done while 9 (29%) were treated with endoscopic valve ablation. One patient (3.2%) had closed suprapubic cystostomy. Sixty-percent of patients had follow-up outpatient visits, 40%defaulted. The median follow up post-operation was 8 months (range 1 week–6 years). All patients seen after surgery had normal renal function at the time of last visit.

Conclusion: Majority of our patients presented late with features of back pressure changes. Though surgery was successful, and renal function preserved, a large number of patients defaulted from follow up.

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The UCH bladder manikin

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Introduction and objectives: Emergency suprapubic catheterisation (ESPC) is an indispensable skill for medical practice. It may be done via open or closed techniques. In Nigeria, majority of the general medical practitioners and non-urological residents have no formal training in suprapubic catheterisation. A low-cost manikin was designed locally for the purpose of training doctors in ESPC. This paper describes the development of the manikin and assesses its usefulness in teaching ESPC.

Methods: A foundation of urology workshop was organised by the Ibadan PIUTA Centre, in March 2013, at which general medical practitioners and non-urological residents were given instruction in suprapubic catheterisation using the locally manufactured manikin. At the end, questionnaires were administered to evaluate the effectiveness of the manikin in SPC training. Six months later, questionnaires were administered to the surgical residents to evaluate the impact of the training on their practice.

Results: There were twenty-five medical practitioners in attendance, which included eighteen non-urological surgical residents. The others were family physicians and gynaecologists. All were taught the open and closed techniques using the manikin. At the end of the workshop, 100% of the participants stated that the manikin was an effective teaching aid.

Six months later, 67% of the surgical residents had independently performed successful ESPCs. The closed technique was used by 83%, while 17% used both open and closed methods.

Conclusion: The UCH bladder manikin is an effective, low-cost and easily manufactured aid for teaching doctors emergency suprapubic catheterisation. We recommend its use by other centers in low resource countries.

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Endourology/Robotics

The emergence of Da Vinci Robotic surgery in urologic oncology-Kokilaben Dhirubhai Ambani Hospital Experience

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The rise of robotic surgery is transforming medicine. The unprecedented dissecting precision and the dynamic three-dimensional, high definition view of the surgical field are undoubtedly revolutionizing the field of urology. These unique attributes of robotic surgery confer enormous advantages in dealing with uro-oncological surgery. Surgeon-controlled robotic surgery using the da Vinci Surgical System (Intuitive Surgical, Sunnydale, CA) adds the benefits of laparoscopic surgery, notably decreased estimated blood loss (EBL), shorter hospital stay and improved functional outcomes with unique advantages of a shortened learning curve, 15-fold 3D magnification and immaculate wrist dexterity.

Nowhere is this more true and significant than in oncological outcomes for cancer patients undergoing surgeon-controlled robotic radical prostatectomy (SCRRP), surgeon-controlled robotic radical cystectomy (SCRRC) and surgeon-controlled robotic partial nephrectomy (SCRPN).